



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: HIGHPOINT PHARMACY PO BOX 172615 ARLINGTON TX 76003	MFDR Tracking #: M4-05-A083-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #: FACILITY INSURANCE CORP Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "We have submitted a claim to the Carrier for date of service 10-13-04 for a post-op wound care pack." "Total dollar amount in dispute is **\$165.52.**" "The expected out come of this issue is that we feel the claims should be paid. According to TWCC this payment exception code 'G' is used when payment is denied because the charge is included in another billed procedure. These charges are not included in any other billed procedure on the same date. All items billed are individual items needed for the patient's home use for after surgery care. As the billed items are individual separate items not related to any other billed procedure, payment should be rendered." "Additionally, the items are coded correctly. In accordance with TWCC guidelines Subchapter C-Medical Fee Guidelines. Section 134.202 in paraphrase says that if Medicare and Medicaid do not have a fee schedule for a code then values will be established based in part on commission medical dispute decisions. There have been innumerable decisions upholding \$20.00 charge for the hot/cold pack as fair and reasonable."

Principal Documentation:

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - \$165.52

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Provider identifies this as a medical fee dispute concerning healthcare services provided on October 13, 2004 and is seeking reimbursement in the amount of \$165.52. Carrier asserts that Provider has been reimbursed according to the Texas Labor Code, Texas Administrative Code, and Medical Fee Guideline and is not entitled to any additional reimbursement. Interestingly, Provider suggest that since it could produce fraudulent documentation, it is not, and should not be, required to submit invoices for generic DME codes."

Principal Documentation:

1. DWC 60 Package

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
10/13/2004	E1399-hot/cold pack standard	Not Applicable	\$20.00	\$0.00
	A6205 X7	Not Applicable	\$91.00	\$0.00
	A6255 X14	\$53.02 minus previously paid of \$0.00 = \$53.02	\$53.02	\$53.02
	A6402 X10	\$1.50 minus previously paid of \$0.00 = \$1.50	\$1.50	\$1.50
			Total Due:	\$54.52

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. This request for medical fee dispute resolution was received by the Division on June 30, 2005. Pursuant to Division rule at 28 TAC §133.307(g)(3), effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, the Division notified the requestor on July 12, 2005 to send additional documentation relevant to the fee dispute as set forth in the rule.
2. Division rule at 28 TAC §134.1, effective May 16, 2002, 27 TexReg 4047, requires that services not identified in a fee guideline shall be reimbursed at fair and reasonable rates.
3. Texas Labor Code §413.011 requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control.
4. Division rule at 28 TAC §134.202, titled *Medical Fee Guideline*, effective August 1, 2003, sets out the reimbursement for medical treatment.
5. Division rule at 28 TAC §133.307, effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, sets out the procedure for medical fee dispute resolution.
6. Division rule at 28 TAC §133.304, effective July 15, 2000, 25 TexReg 2115, requires the insurance carrier to develop and consistently apply a methodology to determine fair and reasonable reimbursement.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 2/26/2005

- O-Previously recommended amount has not been changed.
- F-DME & injectable drugs need to be billed using a specific Medicare HCPCS code, if one exists. If one does not exist, submit an invoice or an NDC# for the item(s).
- G-Does with a 'P' status in the RBRVS file are considered bundled or excluded by Medicare.
- F-Reimbursed based on 125% of current Texas DMEPOS/DMERC Fee Schedule or 125% of the Medicaid DME/Supplies Report J.

Issues

1. What is the applicable rule for reimbursement?
2. Did the requestor support the position that additional reimbursement is due for HCPCS code E1399, A6205, A6255 and A6402?
3. Did the respondent support the position that the amount paid is fair and reasonable?
4. Is the requestor entitled to additional reimbursement?

Findings

1. Division rule at 28 TAC §134.202(c)(2) states "for Healthcare Common Procedure Coding System (HCPCS) Level II codes, A, E, J, K, and L: (A) 125% of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule; (B) if the code has no published Medicare rate, 125% of the published Texas Medicaid Fee Schedule Durable Medical Equipment/Medical Supplies Report J, for HCPCS; or (C) if neither paragraph (2)(A) nor (2)(B) of this section apply, then as calculated according to paragraph (6) of this subsection."
- HCPCS code E1399 is described as "Durable Medical Equipment, miscellaneous". The requestor noted on the medical bill that HCPCS code E1399 was for a "Hot/Cold Pack-Standard." Neither the DMEPOS fee schedule nor the Texas Medicaid Fee Schedule has set a fee for HCPCS code E1399.
- HCPCS code A6205 is described as "Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing." Neither the DMEPOS fee schedule nor the Texas Medicaid Fee Schedule has set a fee for HCPCS code A6205.
- HCPCS code A6255 is described as "Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any adhesive border, each dressing." Per DMEPOS, HCPCS code A6255 has a fee of \$3.03.

- HCPCS code A6402 is described as “Gauze, non-impregnated, pad size 16 sq. in. or less, without adhesive border, each dressing. (Surgical dressings applied by a physician are included as part of the professional service. Surgical dressing obtained by the patient to perform homecare as prescribed by the physician are covered).” Per DMEPOS, HCPCS code A6402 has a fee of \$0.12.

Division rule at 28 TAC §134.202(c)(6) states “for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decisions, and values assigned for services involving similar work and resource commitments.” The Division finds that HCPCS codes E1399 and A6205 do not have an established relative value and the insurance carrier did not submit documentation to support that the carrier has assigned a relative value.

Division rule at 28 TAC §134.202(d) states “In all cases, reimbursement shall be the least of the: (1) MAR amount as established by this rule; (2) health care provider’s usual and customary charge; or (3) health care provider’s workers’ compensation negotiated and/or contracted amount that applies to the billed service(s).”

Review of the documentation submitted by the parties to this dispute finds no documentation to support that an amount was pre-negotiated and/or contracted between the provider and carrier for the disputed HCPCS code E1399 and A6205; therefore, the insurance carrier shall reimburse the provider the fair and reasonable rate in accordance with Division rule at 28 TAC §134.1.

Division rule at 28 TAC §134.1 requires that “Reimbursement for services not identified in an established fee guideline shall be reimbursed at fair and reasonable rates as described in the Texas Workers’ Compensation Act, §413.011 until such period that specific fee guidelines are established by the commission.”

Texas Labor Code §413.011(d) requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual’s behalf. It further requires that the Division consider the increased security of payment afforded by the Act in establishing the fee guidelines.

2. Division rule at 28 TAC §133.307(g)(3)(D) requires the requestor to provide “documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement.” Review of the submitted documentation finds that:
 - The requestor’s position statement states that “According to TWCC this payment exception code ‘G’ is used when payment is denied because the charge is included in another billed procedure. These charges are not included in any other billed procedure on the same date. All items billed are individual items needed for the patient’s home use for after surgery care. As the billed items are individual separate items not related to any other billed procedure, payment should be rendered.” Additionally, the items are coded correctly. In accordance with TWCC guidelines Subchapter C-Medical Fee Guidelines. Section 134.202 in paraphrase says that if Medicare and Medicaid do not have a fee schedule for a code then values will be established based in part on commission medical dispute decisions. There have been innumerable decisions upholding \$20.00 charge for the hot/cold pack as fair and reasonable.”
 - In support of the requested reimbursement, the requestor submitted redacted medical bills and EOBs for HCPCS code E1399 an EBI ice machine-cold therapy. These services are not similar to the services in dispute billed under HCPCS codes E1399 and A6205.
 - The requestor did not submit nationally recognized published relative value studies, published commission medical dispute decisions, or values assigned for services involving similar work and resource commitments.
 - The requestor did not submit documentation to support that the payment amount being sought is a fair and reasonable rate of reimbursement.
 - The requestor does not discuss or explain how payment of the requested amount would ensure the quality of medical care, achieve effective medical cost control, provide for payment that is not in excess of a fee charged for similar treatment of an injured individual of an equivalent standard of living, consider the increased security of payment, or otherwise satisfy the requirements of Texas Labor Code §413.011(d) or Division rule at 28 TAC §134.1.

The request for reimbursement is not supported. Thorough review of the documentation submitted by the requestor finds that the requestor has not demonstrated or justified that payment of the amount sought would be a fair and reasonable rate of reimbursement for HCPCS codes E1399 and A6205. Additional payment cannot be recommended for E1399 or A6205. However, the requestor has supported that additional payment is due for A6255 and A6402..

3. Division rule at 28 TAC §133.304(i)(1) requires that “When the insurance carrier reduces or denies payment for treatment(s) and/or service(s) for which the Division has not established a maximum allowable reimbursement, the insurance carrier shall... develop and consistently apply a methodology to determine fair and reasonable reimbursement amounts to ensure that similar procedures provided in similar circumstances receive similar reimbursement.” Review of the submitted documentation finds that the respondent did not submit documentation to

support that the insurance carrier has developed and consistently applies a methodology to determine fair and reasonable reimbursement amounts in accordance with Division rule at 28 TAC §133.304(i)(1).

Division rule at 28 TAC §133.304(i)(2) requires that “When the insurance carrier reduces or denies payment for treatment(s) and/or service(s) for which the Division has not established a maximum allowable reimbursement, the insurance carrier shall... explain and document the method it used to calculate the rate of pay, and apply this method consistently.” Review of the submitted documentation finds no explanation or documentation of the method used to calculate the rate of pay, nor any documentation to support consistent application of the method.

Division rule at 28 TAC §133.307(j)(1)(E)(iii) requires that the respondent shall file a response to the requestor’s additional documentation that shall include a statement of the disputed fee issue(s), which includes “a discussion of how the Texas Labor Code and commission [now the Division] rules, including fee guidelines, impact the disputed fee issues.” Review of the submitted documentation finds that the respondent did not discuss how the Texas Labor Code and Division rules impact the disputed fee issues. The Division concludes that the respondent has not met the requirements of Division rule at 28 TAC §133.307(j)(1)(E)(iii).

Division rule at 28 TAC §133.307(j)(1)(E)(iv) requires that the respondent shall file a response to the requestor’s additional documentation that shall include a statement of the disputed fee issue(s), which includes “a discussion regarding how the submitted documentation supports the respondent position for each disputed fee issue.” Review of the submitted documentation finds that the respondent did not discuss how the submitted documentation supports the respondent position for each disputed fee issue. The Division concludes that the respondent has not met the requirements of Division rule at 28 TAC §133.307(j)(1)(E)(iv).

Division rule at 28 TAC §133.307(j)(1)(F) requires that if the dispute involves health care for which the Division has not established a maximum allowable reimbursement the respondent’s response shall include “documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011, §133.1 and §134.1 of this title.” Review of the submitted documentation finds that:

- The respondent states in the position summary that “Carrier asserts that Provider has been reimbursed according to the Texas Labor Code, Texas Administrative Code, and Medical Fee Guideline and is not entitled to any additional reimbursement. Interestingly, Provider suggest that since it could produce fraudulent documentation, it is not, and should not be, required to submit invoices for generic DME codes.”
- The respondent did not submit documentation to support that the carrier’s rate of reimbursement meets the Act’s criteria for payment.
- The respondent did not explain or submit documentation to support the method used to calculate the rate of pay as required under Division rule at 28 TAC §133.304(i)(2).
- The respondent did not discuss or explain how the amount paid is a fair and reasonable rate of reimbursement.
- The respondent did not discuss or explain how reimbursement in the amount paid by the respondent would ensure the quality of medical care, achieve effective medical cost control, provide for payment that is not in excess of a fee charged for similar treatment of an injured individual of an equivalent standard of living, consider the increased security of payment, or otherwise satisfy the requirements of Texas Labor Code §413.011(d) or Division rule at 28 TAC §134.1.

The respondent’s position is not supported. Thorough review of the documentation submitted by the respondent finds that the respondent has not demonstrated or justified that the amount paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011 and Division rules at §133.1 and §134.1. The Division concludes that the respondent has not met the requirements of Division rule at 28 TAC §133.307(j)(1)(F).

4. Reimbursement will therefore be calculated according to Division rule at 28 TAC §134.202(c)(2), for HCPCS codes A6255 and A6402.

- Per DMEPOS, HCPCS code A6255 has a MAR of \$3.03. On the disputed date of service the requestor billed for 14 units. $\$3.03 \times 14 = \42.42 . This amount multiplied by 125% = \$53.03. However, the requestor is seeking \$53.02. This amount minus previously paid of \$0.00 = \$53.02. This amount is recommended for reimbursement.
- Per DMEPOS, HCPCS code A6402 has a MAR of \$0.12. On the disputed date of service the requestor billed for 10 units. $\$0.12 \times 10 = \1.20 . This amount multiplied by 125% = \$1.50. This amount minus previously paid of \$0.00 = \$1.50. This amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports the reimbursement amount sought by the requestor for HCPCS codes A6255 and A6402. For the reasons stated above, the division finds that the requestor has established that reimbursement is due for HCPCS codes A6255 and A6402. As a result, the amount ordered is \$54.52.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$54.52 reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$54.52 plus applicable accrued interest per Division rule at 28 Tex. Admin. Code §134.803, due within 30 days of receipt of this Order.

June 16, 2010

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.